

EVOLVE Panel COM Form



SEND COMPLETED FORM AND FABRIC TO:

Evolve Furniture Group
555 Petrolia Road, Unit 2
Toronto, Ontario M3J2X8
Attn: Nahum Schneider

Requested By: _____

Phone #: _____ Fax #: _____

Project Name _____ Dealer/Specifier _____

Dealer Contact: _____ Evolve Customer Care Representative: _____

Phone #: _____ Fax #: _____

FABRIC INFORMATION

Fabric Manufacturer: _____

Color Name: _____ Color #: _____

Pattern Name: _____ Pattern #: _____

Content: _____

Weight: _____ Width: _____

Repeat Horizontal: _____ Repeat Vertical: _____

Other Comments: _____

REQUEST FOR APPLICATION TEST (THIS REQUIRES 2 YARDS OF FABRIC)

_____ Evolve Panel _____ Evolve Tackboard _____ OH Doors

Total Number of yards for testing: _____

Please Note: Evolve is not responsible for the duty and brokerage fees for C.O.M. Fabric to clear customs. These charges will be billed to the dealer on a separate invoice.

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SUPPLIER PATTERN WIDTH CONTENT	REMARKS: _____ _____ _____	
LIGHT FASTNESS FLAMMABILITY TUNNER TEST	REMARKS: _____ _____ _____	
CUT PRICE 1 - 3 ROLLS 4 ROLLS	REMARKS: _____ _____ _____	
DIRECTIONAL PANELS CORNERS RACEWAY COVER RACEWAY CORNERS STRETCH	REMARKS: _____ _____ _____	EASY HARD X-HARD
APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> CONDITIONAL APPROVAL <input type="checkbox"/>		
REMARKS: _____ _____ _____		
* This fabric is approved for upholster-ability only. The approval does not account for the durability of the fabric at the time of, and after installation of the product		
APPROVAL SIGNATURE: _____		DATE: _____

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TOP

**STAPLE
MINIMUM 6" X 6"
FABRIC SAMPLE HERE
IN THE DIRECTION IT IS TO BE
APPLIED TO THE PRODUCT**

BOTTOM

Evolve Furniture Group

17 West Stow Rd. P.O. Box 562 Marlton, New Jersey USA 08053

T 856.552.4000 **888.827.2500** **F** 856.552.4001

evolvefurnituregroup.com